U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fature to comply may result in criminal prosecution, fines, or exil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 10268

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

425-806-0302

Telephone Number

4. Name, file number, and address of labor organization.

Name Allan	B Darr	Name IUOE Local 302 Labor Organization File Number	040384		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Numl	1		
Street 18701 120th Avenue NE		Street 18701 120th Avenue	e NE		
City Bothell		City Bothell			
State Washington	ZIP Code + 4 98011-9514	State Washington	ZIP Code + 4 98011-9514		
5. Position in labor organiza	ation. Business Manager				
Enter appropriate data	below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly islons set forth in the instructions):	had any of the following interests		
A. Held an interest in, en monetary value from an	gaged in transactions (including loans) with, or employer whose employees your organization	derived income or other economic b on represents or is actively seeking	penefit of g to represent.		
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, o	r Income.		
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No	o., if any				
		7.b. Amount.			
Street					
City					
State	ZIP Code + 4				
Signature					
submitted in this report (i	ication. The undersigned declares, under penalty of neluding the information contained in any accompany e and belief, true, correct, and complete. (See the se	ing documents), has been examined by	of the law, that all of the information the signatory and is, to the best of the		

Name of Person Filing	Allan Darr	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Reimbursements made to Mr. Darr for travel, meals Name IUOE Alaksa Training Trust and expenses incurred by him for Trust travel. All Trustee travel is to be reimbursed by the Trust pursuant to the Acticles of Incorporation. Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 34203 Street 2815 Second Avenue, Suite 300 11.b. Approximate dollar value of such dealing. \$7,759 Seattle City 12.a. Nature of interest held or income received. State Washington ZIP Code + 4 98124-1203 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above)

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	14.b. Amount of payment.	